Implementation Tool: Informational Presentations

Directions: Please fill out this form after you conduct an informational presentation. It is best to complete the form right after the presentation. This form can be filled out by the person giving the presentation or by an observer.

Name of person completing form:_____

Location of presentation (e.g., school name, community center name):_____

Was the person completing this form: ❑ An observer? OR ❑ The presenter?

Presentation title: _____

Date of presentation:_____ **Length of presentation (in min.)**: _____ **# of participants**:_____

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1. Overall, how much was the presentation changed from the way it is written in the presentation outline?
   ❑ None ❑ A little ❑ A lot

2. Write in the name of each activity or part included in the presentation outline, and indicate whether or not it was completed. For each activity or part completed, please indicate whether or not it was modified. Modifications might include changing the order of activities, adding new content or activities, or changing the way you teach something (e.g., making something into a game or using pairs instead of small groups for an activity). If an activity or teaching strategy was modified, please describe the changes made. You may need to add or delete rows on this form to match the number of activities in the presentation.

Activity Check-Off Sheet					
Name of Activity or Part (write in name e.g., refusal skill role play)	**Was this completed?** (mark one, 'X')			**If the content was modified, please describe the modifications made** (e.g., changed order, added or supplemented with other content)	**If teaching strategies were modified, please describe the modifications made** (e.g., used pairs instead of small groups)
	Yes, per session outline	**Yes, but I made changes**	**No**		

3. Please circle on option for each of the following questions.

	Not at all		**Somewhat**		**Very**
3a. How interested, in general, were the participants during the presentation? *Please comment on your rating*:	1	2	3	4	5
3b. How engaged/on task were the participants during the presentation? *Please comment on your rating*:	1	2	3	4	5

4. What part of this presentation do you think had the most impact on participants? Please explain.

5. For each activity or part you were not able to complete (i.e., you marked "no" in the Activity Check-Off Sheet above), please describe the challenges you experienced in implementing the activity and how you handled them.

6. Are there ways this presentation could be changed to make it more effective?
    ❐ Yes ❐ No. If yes, please describe what changes you think should be made.